

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor Delphi Automotive Systems LLC		Case Number 05-44640
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Kiefel Technologies, Inc.	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: 5 Merrill Industrial Drive Hampton, NH 03842	Telephone number: (603) 929-3900 THIS SPACE IS FOR COURT USE ONLY	
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (date) (date) </div> </div> <div style="width: 45%;"></div> </div>		
2. Date debt was incurred: August, 2004 through June, 2005	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$44,876.00 <div style="display: flex; justify-content: space-around; font-size: x-small;"> (unsecured) (secured) (priority) (Total) </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
6. Unsecured Nonpriority Claim \$44,876.00 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		THIS SPACE IS FOR COURT USE ONLY
Date 7/24/2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center; margin-top: 10px;"> AHMED RAKH, President/CEO </div>	

ACCOUNTS RECEIVABLE AGED INVOICE REPORT Pg 2 of 23

ALL OPEN INVOICES - AGED AS OF: 07/17/06

CUSTOMER/ INV DATE	INV INVOICE NO	DISC DUE	JOB NUMBER	DISCOUNT AMOUNT	BALANCE	CURRENT	15 DAYS	29 DAYS	45 DAYS	90 DAYS	DAYS DELQ
DEL0002 12/17/04	Delphi Safety & Interior Syste 0022090IN	12/30		CONTACT: Manuel Martinez .00	1,821.68		PHONE: 956-541-8774		EXT:	CR LMT: ✓ 1,821.68	.00 564
CUSTOMER DEL0002 TOTALS:				.00	1,821.68	.00	.00	.00	.00	1,821.68	
DEL0003 03/01/05	Delphi Safety & Interior Syste 0010876IN	03/30	3371002	CONTACT: Joan Philpot .00	6,870.48		PHONE: 937-356-2028		EXT:	CR LMT: ✓ 6,870.48	.00 474
03/18/05	0010877IN	03/30	3371001	.00	9,822.77					9,822.77	474
06/15/05	0010931IN	06/30	3371003	.00	4,346.33					4,346.33	382
CUSTOMER DEL0003 TOTALS:				.00	21,039.58	.00	.00	.00	.00	21,039.58	
DEL0005 08/31/04	Delphi Safety & Interior Syste 0010733IN	09/30	1134000	CONTACT: William H. Cook .00	2,450.00		PHONE: (937) 356-2484		EXT:	CR LMT: ✓ 2,450.00	.00 655
12/01/04	0010813IN	12/01	1707250	.00	5,720.00					5,720.00	593
03/01/05	0010879IN	03/30	1134003	.00	4,846.65					4,846.65	474
03/01/05	0010880IN	03/30	1134002	.00	7,669.63					7,669.63	474
05/20/05	0022246IN	05/30		.00	1,328.46					1,328.46	413
CUSTOMER DEL0005 TOTALS:				.00	22,014.74	.00	.00	.00	.00	22,014.74	
REPORT TOTALS:				.00	44,876.00	.00	.00	.00	.00	44,876.00	
NUMBER OF CUSTOMERS:				3							

000023
 invoice

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**KIEFEL TECHNOLOGIES, INC.**

7 Scott Road
 Hampton, NH 03842
 (603) 929-3900

INVOICE NUMBER: 0022090-IN
 INVOICE DATE: 12/17/04
 ORDER NUMBER: 0005025
 ORDER DATE: 12/14/04
 SALESPERSON:
 CUSTOMER NO.: DEL0002

SOLD TO

Delphi Safety & Interior Syste
 S.A. DE C.V. (CMM 1)
 P.O. Box 981012
 El Paso TX 79996

CONFIRM TO:

Jesus Lopez

SHIP TO

DELPHI COMPONENTS MECANICOS
 1900 BILLY MITCHELL BLVD.
 BLDG. B

BROWNSVILLE

TX 78521

CUSTOMER PO	SHIP VIA	FOB	TERMS
24N11899	CUST.ACCOUNT	FACTORY	NET 30 DAYS

ITEM NO	UNIT	ORDERED	SHIPPED	BACK ORDER	PRICE	AMOUNT
6-0100-0002 BLADE, TRIM, 120MMx1000MMx1.5 MM	EACH	7.00	7.00	0.00	260.24	1,821.68

** PARTS INVOICES ARE IN \$USD & DUE IN 30 DAYS. **

NET INVOICE: 1,821.68
 LESS DISCOUNT: .00
 FREIGHT: .00
 SALES TAX: .00

INTEREST WILL BE CHARGED IF NOT PAID IN 30 DAYS.

INVOICE BALANCE

1,821.68

PICKING SHEET

PAGE: 1

KIEFEL TECHNOLOGIES, INC.
7 Scott Road
Hampton, NH 03842
WAREHOUSE: 006 spare parts & sales orders

ORDER NUMBER: 0005025
CUSTOMER NO: DEL0002

ORDER DATE: 12/14/04

SOLD TO:
Delphi Safety & Interior Systems
S.A. DE C.V. (CMM 1)
P.O. Box 981012
El Paso TX 79996
CONFIRM TO: Jesus Lopez

SHIP TO:
DELPHI COMPONENTS MECANICOS
1900 BILLY MITCHELL BLVD.
BLDG. B
BROWNSVILLE TX 78521

CUSTOMER P.O. 24N11899 SHIP VIA CUST. ACCOUNT P.O.B Hampton TERMS NET 30 DAYS

LOCATION ITEM NO. UNIT ORDERED SHIPPED BACK ORD

6-0100-0002 EACH 7.000
BLADE, TRIM, 120MMx1000MMx1.5 MM

836W37 DEC 17, 2004 ACT WT 25.3 HPK 1
SERVICE GND COM BILL WT 26
TRACKING# 12836W370343041626
REF 1: 0005025
REF 2: 24N11899

HANDLING CHARGE \$0.00
REFERENCE RATE CHARGES:
IV \$0.00 COD \$0.00 RS \$0.00
DC \$0.00 HZMT \$0.00 SD \$0.00
AH \$0.00 NTFY \$0.00 SP \$0.00
TOT REF CHG \$18.22 REF+HANDLING \$18.22

Batch #664

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invoice

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**KIEFEL TECHNOLOGIES, INC.**

7 Scott Road
Hampton, NH 03842
(603) 929-3900

INVOICE NUMBER: 0010876-IN

INVOICE DATE: 03/01/05

SALESPERSON:

JOB NUMBER: 3371-002

SALES TAX CODE:

Delphi Safety & Interior Syste
250 Northwoods Boulevard
PO Box 5051
M/C 106
Vandalia

OH 45377-5051

CUSTOMER NO.: DEL0003

CUSTOMER P.O.: IVS59974013

B.Karenin 2/7/5-2/11/5

SHIP VIA: CUST.ACCOUNT

TERMS:

NET 30 DAYS

CONTACT:

CODE	DESCRIPTION	UNIT	QUANTITY	PRICE	AMOUNT
310	Travel Time - B.Karinen	HOURL	21.500	95.000	2,042.50
301	Reg Hours - B.Karinen	HOURL	35.000	105.000	3,675.00
313	Trans/Lodging/Misc Actual Exps	ACTL	1.000	902.980	902.98
309	Meals & Incidentals Rate	DAYS	5.000	50.000	250.00
NET INVOICE:					6,870.48
FREIGHT:					.00
SALES TAX:					.00
INVOICE TOTAL:					6,870.48



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Kiefel Technologies, Inc.

[illegible]

KTI LABOR AND EXPENSE REPORT



Kiefel Technologies, Inc.

JOB #	3371-001		
CUSTOMER	Delphi-Alabama		
EMPLOYEE TYPES			
1 = FITTER ELECTRICAL/MECHANICAL	REGULAR RATE	PREM. RATE	HOU/SUN RATE
2 = SERVICE TECHNICIAN	\$90.00	\$105.00	\$150.00
3 = PROGRAMMER/PROFESSIONAL ENGINEER PROCESS ENGINEER	\$105.00	\$120.00	\$175.00
TOTALS	35.00	0.00	22.50

	PER DIEM RATE	TRAVEL TIME	TOTAL DAYS	PER DIEM RATE	TOTAL
GRAVEL TIME FITTERS	\$0.00	\$0.00	0.00	\$0.00	\$0.00
GRAVEL SERVICE TECHNICIANS	\$2,042.50	\$0.00	0.00	\$0.00	\$0.00
GRAVEL PROGRAMMERS	\$0.00	\$0.00	0.00	\$0.00	\$0.00
TOTAL LABOR				\$5,717.50	
QUOTE AMOUNT					\$6,841.28
INVOICE AMOUNT					\$6,841.28

+ 29.00
6870.18

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invoice

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**KIEFEL TECHNOLOGIES, INC.**7 Scott Road
Hampton, NH 03842
(603) 929-3900

INVOICE NUMBER: 0010877-IN

INVOICE DATE: 03/18/05

SALESPERSON:

JOB NUMBER: 3371-001

SALES TAX CODE:

Delphi Safety & Interior Syste
250 Northwoods Boulevard
PO Box 5051
M/C 106
Vandalia

OH 45377-5051

CUSTOMER NO.: DEL0003

CUSTOMER P.O.: IVS5974013

B.Karenin, G.Schrempf 3/14-3/18

SHIP VIA: CUST.ACCOUNT

TERMS:

NET 30 DAYS

CONTACT:

CODE	DESCRIPTION	UNIT	QUANTITY	PRICE	AMOUNT
310	Travel Time - G.Schrempf	HOUR	15.500	80.000	1,240.00
310	Travel Time - B. Karenin	HOUR	29.000	95.000	2,755.00
301	Reg Hours - G. Schrempf	HOUR	13.000	90.000	1,170.00
301	Reg Hours - B. Karenin	HOUR	27.000	105.000	2,835.00
313	Trans/Lodging/Misc Actual Exps	ACTL	1.000	1,472.770	1,472.77
309	Meals & Incidentals Rate	DAYS	7.000	50.000	350.00
				NET INVOICE:	9,822.77
				FREIGHT:	.00
				SALES TAX:	.00
				INVOICE TOTAL:	9,822.77



PLEASE NOTE A MINIMUM OF 4 HOURS PER DAY PER EMPLOYEE MUST BE ENTERED

[illegible]

KTI LABOR AND EXPENSE REPORT



Kiefel Technologies, Inc.

JOB #		3371-002	
CUSTOMER		Delphi-Alabama	
EMPLOYEE TYPES			
1 = FILTER ELECTRICAL/MECHANICAL		REGULAR RATE	PREM. RATE
2 = SERVICE TECHNICIAN		\$90.00	\$105.00
3 = PROGRAMMER/PROFESSIONAL ENGINEER PROCESS ENGINEER		\$105.00	\$120.00
TOTALS		40.00	0.00
4 = FILTERS		\$1,170.00	\$0.00
5 = SERVICE TECHNICIANS		\$2,835.00	\$0.00
6 = PROGRAMMERS		\$0.00	\$0.00
7 = TRAVEL TIME FILTERS		\$1,240.00	\$0.00
8 = TRAVEL SERVICE TECHNICIANS		\$2,755.00	\$0.00
9 = TRAVEL PROGRAMMERS		\$0.00	\$0.00
TOTAL LABOR		\$8,000.00	
QUOTE AMOUNT			
INVOICE AMOUNT		\$9,822.77	

TOTAL DAYS	7	PER DIEM RATE	\$50.00	TOTAL	\$350.00
TOTAL EXPENSES					\$1,822.77

PER DIEM	TRAVEL TIME	PER DIEM RATE	TRAVEL TIME
\$150.00	\$50.00	\$80.00	\$95.00
\$175.00	\$50.00	\$50.00	\$110.00
\$200.00	\$50.00	\$110.00	\$140.00
\$34.02	\$757.61	\$162.84	\$90.00
\$0.00	\$0.00	\$428.30	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00

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invoice

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**KIEFEL TECHNOLOGIES, INC.**7 Scott Road
Hampton, NH 03842
(603) 929-3900

INVOICE NUMBER: 0010931-IN

INVOICE DATE: 06/15/05

SALESPERSON:

JOB NUMBER: 3371-003

SALES TAX CODE:

Delphi Safety & Interior Syste
250 Northwoods Boulevard
PO Box 5051
M/C 106
Vandalia

OH 45377-5051

CUSTOMER NO.: DEL0003

CUSTOMER P.O.: IVS59974013

B. Karinen 6/13/5-6/15/5

SHIP VIA: N/A

CONTACT:

TERMS:

NET 30 DAYS

CODE	DESCRIPTION	UNIT	QUANTITY	PRICE	AMOUNT
311	6/13/5 Travel Time - Engineer first hour is free	HOURL	5.000	110.000	550.00
303	Reg Hours - Engineer 6/14/5	HOURL	5.500	120.000	660.00
303	Reg Hours - Engineer	HOURL	8.000	120.000	960.00
305	Prem Hours - Engineer 6/15/5	HOURL	1.500	140.000	210.00
311	Travel Time - Engineer	HOURL	6.000	110.000	660.00
303	Reg Hours - Engineer	HOURL	3.750	120.000	450.00
313	Airfare	ACTL	1.000	335.810	335.81
313	Car rental	ACTL	1.000	124.200	124.20
313	Parking/Gas/Tolls	ACTL	1.000	32.500	32.50
313	Lodging	ACTL	1.000	181.420	181.42
312	Mileage Rate	MILE	80.000	.405	32.40
309	Meals & Incidentals Rate	DAYS	3.000	50.000	150.00

NET INVOICE: 4,346.33

FREIGHT: .00

SALES TAX: .00

INVOICE TOTAL: 4,346.33

Delphi
Disbursement Services (NB)
PO Box 62530
Phoenix, AZ 85082-2530

Doc 8979-1 Filed 08/07/07 Entered 08/09/07 14:44:15 Exhibit
CHECK No. 900472713

50-937
213

DELPHI
Automotive Systems

DATE
11/16/04

*****7,165 DOLLARS

****00 CENTS

AMOUNT
*****7,165.00

PAY
TO THE
ORDER
OF

KIEFEL TECHNOLOGIES INC
7 SCOTT RD
HAMPTON NH 03842

Delphi
Disbursement Account

John & Blahnik

SIGNATURE

The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

⑈900472713⑈ ⑆021309379⑆ 601⑈2⑈50442⑈

VENDOR
DUNS NO. RD 926945916

1

Delphi
Disbursement Services
PO Box 62530
Phoenix, AZ 85082-2530

DETACH BEFORE DEPOSITING CHECK

CHECK NO. 900472713

PAYMENT
DATE 11/16/04

VENDOR NAME KIEFEL TECHNOLOGIES INC

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
9000028386625 IVS59974 001 PLT: DELPHI I&L P/N: PR2D3926001	08/31/04 0733-IN VANDALIA, OH QTY:	RT 041979790001 1.000 UOM: EA U/P:	00.0000	7,165.00 7,165.00000	.00 EXT:	7,165.00 7,165.00
<div>RECEIVED NOV 19 2004</div>						
FOR PMT INFO USE E-DACOR HTTP://DELPHI.COVISINT.COM / ISSUES(PRIC ING CALL BUYER)(QTY CALL PLANT)OTHER (CUSTSERV:248-874-4636) NB						
TOTAL				7,165.00	.00	7,165.00

invoice

PAGE: 1

**KIEFEL TECHNOLOGIES, INC.**

7 Scott Road
Hampton, NH 03842
(603) 929-3900

INVOICE NUMBER: 0010733-IN

INVOICE DATE: 08/31/04

SALESPERSON:

JOB NUMBER: 1134-000

SALES TAX CODE:

Delphi Safety & Interior Systeme

250 Northwoods Boulevard

PO Box 5051

M/C 106

Vandalia

OH 45377-5051

CUSTOMER NO.: DEL0005

CUSTOMER P.O.: IVS59974 010

SHIP VIA: CUST.ACCOUNT

CONTACT: William H. Cook

TERMS:

NET 30 DAYS

CODE	DESCRIPTION	UNIT	QUANTITY	PRICE	AMOUNT
100	PR2D3926 001	each	1.000	7,165.000	7,165.00
	item sequence 53 PLC5 Communication Modules				
100	PF3D3926 002	each	1.000	2,450.000	2,450.00
	item sequence 54 Expedited shipping charges				

NET INVOICE: 9,615.00

FREIGHT: .00

SALES TAX: .00

INVOICE TOTAL: 9,615.00

Bal due

2,450.00

Delphi
Disbursement Services (NB)
PO Box 62530
Phoenix, AZ 85082-2530

05-44481-rdd Doc 8979-1 Filed 08/07/07 Entered 08/09/07 14:44:15
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DELPHI

Exhibit
CHECK No. 900499274

50-93
213

DATE
05/04/05

*****13,280 DOLLARS

*****00 CENTS

AMOUNT
*****13,280.00

PAY
TO THE
ORDER
OF

KIEFEL TECHNOLOGIES INC
7 SCOTT RD
HAMPTON NH 03842

Delphi
Disbursement Account

John S. Blahnik

SIGNATURE

The Chase Manhattan Bank, N.A.
Syracuse, New York

AUDIT

⑈900499274⑈ ⑆021309379⑆ 601 2 5044 2⑈

VENDOR
DUNS NO. RD 926945916

1

Delphi
Disbursement Services
PO Box 62530
Phoenix, AZ 85082-2530

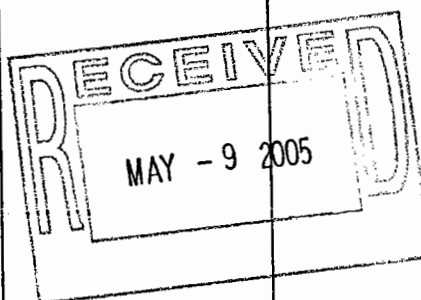
DETACH BEFORE DEPOSITING CHECK

CHECK NO. 900499274

VENDOR NAME KIEFEL TECHNOLOGIES INC

PAYMENT
DATE 05/04/05

REGISTER NO. DESCRIPTION	INVOICE DATE	DOC. REFERENCE NUMBER	% DISC.	INVOICE AMOUNT	DISC. AMOUNT	NET AMOUNT
9000030246107 IVS59974 PLT: DELPHI I&L VANDALIA, OH P/N: PR2D4279002 9000030246108 IVS59974 PLT: DELPHI I&L VANDALIA, OH P/N: PR2D4279003	12/15/04 12/15/04	RT 042015320001 RT 042015330001	00.0000 1.000 00.0000 1.000	4,090.00 4,090.00000 9,190.00 9,190.00000	.00 EXT: .00 EXT: .00	4,090.0 4,090.00 9,190.0 9,190.00
FOR PMT INFO USE E-DACOR HTTP://DELPHI.COVISINT.COM / ISSUES(PRIC ING CALL BUYER)(QTY CALL PLANT)(OTHER CUSTSERV:248-874-4636) NB						
TOTAL				13,280.00	.00	13,280.00



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PAGE:

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**KIEFEL TECHNOLOGIES, INC.**

7 Scott Road
Hampton, NH 03842
(603) 929-3900

INVOICE NUMBER: 0010813-IN

INVOICE DATE: 12/01/04

SALESPERSON:
JOB NUMBER: 1707-250

SALES TAX CODE:

Delphi Safety & Interior Syste
250 Northwoods Boulevard
PO Box 5051
M/C 106
Vandalia

OH 45377-5051

CUSTOMER NO.: DEL0005
CUSTOMER P.O.: IVS59974 014

SHIP VIA: CUST.ACCOUNT

CONTACT: William H. Cook

TERMS:
2nd day 2nd month

CODE	DESCRIPTION	UNIT	QUANTITY	PRICE	AMOUNT
100	LINE # 00060 PRT37472 001 CHANGE TRIM TOOL CONTOUR	each	1.000	9,500.000	9,500.00
100	LINE # 00061 PRT37472 002 INCREASE TRIM TOOL STROKE	each	1.000	9,500.000	9,500.00

NET INVOICE: 19,000.00

FREIGHT: .00

SALES TAX: .00

INVOICE TOTAL: 19,000.00

Bal due
\$ 5,720.-

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invoice

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**KIEFEL TECHNOLOGIES, INC.**7 Scott Road
Hampton, NH 03842
(603) 929-3900

INVOICE NUMBER: 0010879-IN

INVOICE DATE: 03/01/05

SALESPERSON:

JOB NUMBER: 1134-003

SALES TAX CODE:

Delphi Safety & Interior Syste

250 Northwoods Boulevard

PO Box 5051

M/C 106

Vandalia

OH 45377-5051

CUSTOMER NO.: DEL0005

CUSTOMER P.O.: IVS59974016

G.Schrempf 2/14/5-2/17/5

SHIP VIA: CUST.ACCOUNT

TERMS:

NET 30 DAYS

CONTACT: William H. Cook

CODE	DESCRIPTION	UNIT	QUANTITY	PRICE	AMOUNT
310	Travel Time - G.Schrempf	HOUR	18.000	80.000	1,440.00
301	Reg Hours - G.Schrempf	HOUR	24.500	90.000	2,205.00
313	Trans/Lodging/Misc Actual Exps	ACTL	1.000	1,001.650	1,001.65
309	Meals & Incidentals Rate	DAYS	4.000	50.000	200.00
NET INVOICE:					4,846.65
FREIGHT:					.00
SALES TAX:					.00
INVOICE TOTAL:					4,846.65



PLEASE NOTE A MINIMUM OF 4 HOURS PER DAY PER EMPLOYEE MUST BE ENTERED

Kiefel Technologies, Inc. 7 Scott Road, Hampton, NH 03842 USA Phone (603) 929-3900 Fax (603) 926-1387 info@kiefeltech.com www.kiefeltech.com

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**KIEFEL TECHNOLOGIES, INC.**7 Scott Road
Hampton, NH 03842
(603) 929-3900

INVOICE NUMBER: 0010880-IN

INVOICE DATE: 03/01/05

SALESPERSON:

JOB NUMBER: 1134-002

SALES TAX CODE:

Delphi Safety & Interior Syste

250 Northwoods Boulevard

PO Box 5051

M/C 106

Vandalia

OH 45377-5051

CUSTOMER NO.: DEL0005

CUSTOMER P.O.: IVS59974016

G.Schrempf 1/10/5-1/15/5

SHIP VIA: CUST.ACCOUNT

TERMS:

CONTACT: William H. Cook

NET 30 DAYS

CODE	DESCRIPTION	UNIT	QUANTITY	PRICE	AMOUNT
310	Travel Time -G. Schrempf	HOUR	17.000	80.000	1,360.00
301	Reg Hours - G. Schrempf	HOUR	47.000	90.000	4,230.00
313	Trans/Lodging/Misc Actual Exps	ACTL	1.000	1,779.630	1,779.63
309	Meals & Incidentals Rate	DAYS	6.000	50.000	300.00
				NET INVOICE:	7,669.63
				FREIGHT:	.00
				SALES TAX:	.00
				INVOICE TOTAL:	7,669.63



PLEASE NOTE A MINIMUM OF 4 HOURS PER DAY PER EMPLOYEE MUST BE ENTERED

[illegible]

KTI LABOR AND EXPENSE REPORT



Kiefel Technologies, Inc.

JOB #		1134-002									
CUSTOMER		Delphi-MX									
EMPLOYEE TYPES											
1 = FITTER ELECTRICAL/MECHANICAL		REGULAR RATE		PREM. RATE		HOL/SUN RATE		PER DIEM RATE		TRAVEL TIME	
		\$90.00		\$105.00		\$150.00		\$50.00		\$80.00	
2 = SERVICE TECHNICIAN		\$105.00		\$120.00		\$175.00		\$50.00		\$95.00	
3 = PROGRAMMER/PROFESSIONAL ENGINEER PROCESS ENGINEER		\$120.00		\$140.00		\$200.00		\$50.00		\$110.00	
TOTALS		47.00		0.00		18.00		0.00		65.00	
FITTERS		\$4,230.00		\$0.00		18.00		\$0.00		\$4,230.00	
SERVICE TECHNICIANS		\$0.00		\$0.00		0.00		\$0.00		\$0.00	
PROGRAMMERS		\$0.00		\$0.00		0.00		\$0.00		\$0.00	
TRAVEL TIME FITTERS						\$1,360.00					
TRAVEL SERVICE TECHNICIANS						\$0.00					
TRAVEL PROGRAMMERS						\$0.00					
TOTAL LABOR										\$5,590.00	
QUOTE AMOUNT											

TOTAL DAYS		6		PER DIEM RATE		\$50.00		TOTAL		\$300.00	
TOTAL EXPENSES										\$2,079.63	
INVOICE AMOUNT										\$7,669.63	

Invoice

PAGE: 1

**KIEFEL TECHNOLOGIES, INC.**

7 Scott Road
Hampton, NH 03842
(603) 929-3900

INVOICE NUMBER: 0022246-IN
INVOICE DATE: 05/20/05
ORDER NUMBER: 0005187
ORDER DATE: 04/26/05
SALESPERSON:
CUSTOMER NO.: DEL0005

SOLD TO

SHIP TO

Delphi Safety & Interior Syste
250 Northwoods Boulevard
PO Box 5051

DELPHI I CMM,
DELPHI AUTOMOTIVE SYSTEMS
1900 BILLY MITCHELL BLVD.

Vandalia

OH 45377-5051

BLDG. B

CONFIRM TO:

Brownsville

TX 78521

Cecilia Camero

United States

CUSTOMER PO	SHIP VIA	FOB	TERMS
24N12418	DHL	#895521725	NET 30 DAYS

ITEM NO.	UNIT	ORDERED	SHIPPED	BACK ORDER	PRICE	AMOUNT
2-0720-0027 GEAR, SPUR, 70	EACH	2.00	2.00	0.00	269.73	539.46
X 128MM, 5503021 type z=30 m=4 toothed spur wheel						
* frt, customs, packaging KAG	EACH	1.00	1.00	0.00	75.00	75.00
6-5000-0004 Bushing, Bronze, with Oil Groove, 100x110x50mm	EACH	4.00	4.00	0.00	178.50	714.00

** PARTS INVOICES ARE IN \$USD & DUE IN 30 DAYS. **

NET INVOICE: 1,328.46
LESS DISCOUNT: .00
FREIGHT: .00
SALES TAX: .00

INTEREST WILL BE CHARGED IF NOT PAID IN 30 DAYS.

INVOICE BALANCE**1,328.46**

1 Sender Account Number		Preprint Format No.		3 Payment Sender will be billed unless marked otherwise		Origin		Waybill Number 15353919840	
FROM (Company) Kiefel Technologies, Inc.				Bill to:		Account No. (Required if 3rd Party)		4 Service Type One box must be checked. Assume noon unless noted. 10:30 am Extra charge. *Next Day 10:30 *Next Day 12:00 *Next Day 3:00 *2nd Day 5:00 *Service may vary by destination, visit www.dhl-usa.com ABSENT A HIGHER SHIPMENT VALUATION, CARRIER'S LIABILITY IS LIMITED TO \$100 PER PACKAGE, OR ACTUAL VALUE, WHICHEVER IS LESS, SPECIAL OR CONSEQUENTIAL DAMAGES ARE NOT RECOVERABLE. SEE TERMS AND CONDITIONS ON REVERSE SIDE OF THIS NON-NEGOTIABLE WAYBILL.	
Street Address 7 Scott Road				Receiver 3rd Party <input type="checkbox"/> <input checked="" type="checkbox"/> 895521725		Check No. Amount			
City Hampton		State NH		ZIP CODE (Required) 03842		Billing Reference (will appear on invoice) PO# 24112418			
Sent by (Name/Dept) Eileen Taillon		Phone (Required) 603 929-3900		5 # of Pkgs 1		6 Weight (LBS) REQUIRED 25			
2 TO (Company) PLEASE PRINT NEATLY Delphi CMMI				Special Instructions <input type="checkbox"/> Saturday Delivery Extra charge Not available for all services and locations. <input type="checkbox"/> Lab Pack Service		7 Packaging One box must be checked <input type="checkbox"/> Express Envelope <input type="checkbox"/> Express Pack <input checked="" type="checkbox"/> Other Packaging			
Street Address 1900 Billy Mitchell Blvd Building B				Shipment Valuation Shipment Value Protection <input type="checkbox"/> \$.00		Payment Details (Credit Card) No. _____ Type _____ Expires _____			
City Brownsville		State TX		ZIP CODE (Required) 78521		Phone (Required) 937 356 2484			
Attention: (Name/Dept) Paty Camero				Description 2 Spur Gears/4 Bronze bushings		Sender's Signature <i>Eileen Taillon</i> Date 5/20		DHL Signature <i>[Signature]</i> Date _____	

SENDER'S COPY

DHL EXPRESS
DHL Worldwide Express, Inc.,
1200 South Pine Island Road,
Plantation, FL 33324
1 800 Call-DHL